

REMARKS

Claims 1-11 were pending in the application. Claims 1 and 5 have been amended. As a result of the foregoing amendment, claims 1-11 are currently pending in the application. Applicant hereby requests further examination and reconsideration of the application in light of the amendment.

Claims 1-11 were rejected under 35 U.S.C. § 103 as being unpatentable over Oka et al. and further in view of Rossi. According to the Examiner, Oka “discloses a medical communication system comprising means for entering, storing, and retrieving patient treatment information.” Rossi is cited for disclosing “a method and apparatus for anticipating side effects in a patient, comprising the step of comparing a measured bodily rating to a predetermined delimiting range. An alarm is triggered if the rating falls outside of the delimiting range, so that counter measures can be taken to prevent further trauma of the patient. Such counter measures may be dialysis machine adjustments and staff intervention.” Applicant respectfully traverses this rejection.

In both Oka and Rossi, the patient is tested, and the patient is treated based on the testing. For instance, in Oka, such information as an electrocardiogram, blood pressure, pulse rate, body temperature, blood oxygen saturation, and blood sugar of the patient can be obtained and transmitted from a remote location such as a person’s home to a medical facility where a medical professional such as a doctor or nurse can recommend immediate treatment of the patient. Oka’s system provides an alarm if the measured value is abnormal.

Rossi provides for the measurement of haemodynamic values during dialysis. If these values fall outside a range of safety values, an alarm is triggered. The treatment of the patient can be adjusted based upon this testing.

According to the Examiner, “[i]t would have been obvious to one skilled in the art to use the obvious [sic] combination as a means for detecting chest pain, since such pains as headache, nausea, and vomiting are disclosed in Rossi.” However, Rossi nor Oka involve detecting and treating chest pain.

The treatment given to a chest pain patient is evaluated in the present invention. Chest pain patient treatment information is entered into the system, and compared to certain predetermined values. Examples of the types of information which could be included are patient name, age, doctor, cardiologist, symptoms, time of onset of symptoms, what testing was performed and when, and what treatments were performed and when. Comparisons of this information to predetermined values, such as recommended treatment time or averages of previous data, can be used by medical facility to evaluate a medical professional, a medical facility, or a treatment protocol. For instance, the National Heart Attack Alert Program Committee has established a goal of thirty minutes from entry into an emergency department to treatment with a thrombolytic therapy. A hospital could use the present invention to evaluate whether the emergency department is meeting this goal. The hospital could also evaluate whether a particular doctor was meeting the goal. This information could also be used to identify whether certain regions of the country, individual hospitals or hospital groups, or individual doctors need additional training in the treatment of chest pain patients.

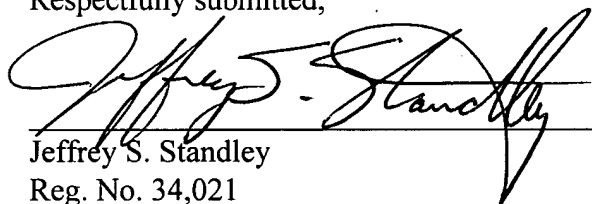
Oka, whether alone or in combination with Rossi, does not provide a data processing system or method for evaluating the treatment of chest pain patients. Therefore, claims 1-11 would not have been obvious under 35 U.S.C. §103 over Oka in view of Rossi.

CONCLUSION

Applicant has distinguished claims 1-11 over the cited art. Therefore, it is respectfully requested that claims 1-11 be allowed, and this case passed to issue upon payment of the appropriate fees. The Examiner is encouraged to contact the Applicant's attorney at the telephone number below to help expedite this application.

Respectfully submitted,

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